



VA Greater Los Angeles Healthcare System Sepulveda Ambulatory Care Center Postdoctoral Residency Programs in Health Service Psychology

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<http://www.losangeles.va.gov/trainee/>

Applications Due: December 10, 2021

Postdoctoral Residency Positions:

The Sepulveda VA has three funded, one-year, full-time Postdoctoral Residency positions in Health Service Psychology:

- 1. Trauma**
- 2. Primary Care Mental Health Integration/Behavioral Sleep Medicine (PCMHI/BSM)**
- 3. Women's Mental Health: Trauma and Diversity Focus***

* For the 2022-2023 training year, we will be requesting temporary funding for this position in Women's Mental Health with a Focus on Trauma and Diversity Issues; we have consistently been granted this funding, but will not receive confirmation until about November, 2021. Once we determine if that temporary funding is available for the 2022-2023 year, we will update the UPPD appropriately. Information about this position is included in this brochure.

For the 2022-2023 academic year, the first day of the postdoctoral residency will be Mon. 8/29/2022.

Accreditation Status:

The postdoctoral residency program at the **VA Sepulveda Ambulatory Care Center (SACC)** underwent a site visit in 2018 and received the maximum 10-year Accreditation. Thus, the postdoctoral residency is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA), and the next site visit will be during the academic year 2028. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002
Telephone: 202-336-5979/Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application Process:

Applications must be submitted through the APPA CAS portal by **11:59 p.m. Eastern Time (8:59 p.m. Pacific Time)** on **December 10, 2021** and must include the following:

1. Cover letter summarizing educational, clinical, and research experiences relevant to the focus area, along with a description about residency goals and career goals, more generally
2. An autobiographical statement
3. An updated copy of your Curriculum Vitae
4. Three letters of recommendation from supervisors familiar with your clinical work
5. Letter from your internship training director verifying on-track completion of internship
 - If Internship TD is writing one of your reference letters, please ask him/her to verify on-time completion of internship.
6. A letter from your dissertation advisor verifying you are expected to complete or have already completed your dissertation by the end of your internship. This letter should also indicate that your doctoral degree has been, or will be, completed before the start of the residency
7. Graduate Transcript

Questions regarding the residency can be directed to:

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VA Eligibility Requirements:

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment following the selection process, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment on-boarding process at the VA.
3. **Selective Service Registration.** A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executiveorder/10450.html>
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. This form authorizes your drug test results to be shared with VA officials, and others who have a need to know. Failure to sign the authorization form may result in disciplinary action up to and including removal.

As a trainee subject to random drug testing you should be aware of the following:

- Counseling and rehabilitation assistance are available to all trainees through existing Employee Assistance Programs (EAP) at VA facilities (information on EAP can be obtained from your local Human Resources office).
- You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer (MRO).
- VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who is found to use illegal drugs on the basis of a verified positive drug test or who refuses to be tested.

- Although medical and recreational use of cannabis is legal in the state of California, it is illegal for federal employees and trainees to use marijuana and its derivatives, including CBD, on or off duty.
- Please see [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)

Additional information regarding eligibility requirements for appointment as a VA psychology HPT can be found at the following links:

<https://www.psychologytraining.va.gov/eligibility.asp>

<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 9/15/2021

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>_____ Yes</p> <p>___x___ No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	

Postdoctoral Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p>
<p>All applicants to the Psychology Postdoctoral Residency Program at the Sepulveda VA must have obtained a doctorate in Clinical or Counseling Psychology from a graduate program approved by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The applicant may have a doctoral degree in any area of psychology and have successfully completed a re-specialization program in Clinical or Counseling Psychology that is APA or CPA accredited. The applicant is expected to have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. We are seeking applicants who have strong skills in intervention, assessment, consultation, program development, and program evaluation activities.</p>

Applicants should also possess the personal characteristics necessary to function well as a doctoral-level professional in a medical center and as an integral member of several interprofessional teams. Our selection criteria specifically focus on background training and experience as well as future career aspirations. We seek the best fit between applicants and our training program. Applications are reviewed by the Director of Psychology Training in addition to one of the supervisors in the different emphasis areas. Following this review, highly ranked applicants are asked to participate in interviews. While in-person interviews had previously been preferred, given the consequences of the COVID-19 pandemic, interviews will likely be held remotely using video technology on Tues. January 25 and Fri. January 28, 2022. The interviews will include a group introduction to the supervisors and to the training program; a slide show of the campus, buildings, and office space; a meeting with the current postdoctoral residents; and individual interviews with staff members selected based on applicants' stated interests. It has always been our goal to make the interviews as comfortable as possible to provide an accurate representation of the collegial training environment at Sepulveda. After the interview process is complete, the selection committee ranks the applicants and offers are extended, abiding by the APPIC Uniform Notification Date guidelines.

Describe any other required minimum criteria used to screen applicants:

Our procedures for postdoctoral resident recruitment and selection are governed by the Department of Veterans Affairs, the American Psychological Association (APA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our training programs are committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. Government Equal Employment Opportunity (EEO) and Reasonable Accommodation policies. The Psychology Postdoctoral Residency Program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. We have a commitment to the enhancement of diversity within our training programs.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$52,911	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	

Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Residents get 11 paid Federal Holidays, 5 Authorized Absence Days for educational activities, and they are eligible for life insurance, as well supplemental dental and vision insurance. Premiums are withheld from stipends on a pre-tax basis. 2022 Plan Information for California can be found at: https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2022/state/ca .		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of residents who were in the 3 cohorts	8	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	6
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	2
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Expanding upon the table above, all 13 of our postdoctoral residency graduates have been successful in obtaining competitive employment in positions that are consistent with our program's aim. Facilities include: Atlanta VA, CBT California (private practice), Didi Hirsch, Kaiser Permanente, Oxnard VA, Loma Linda VA, Los Angeles Ambulatory Care Center, Sepulveda VA, WJB Dorn VA (SC), and the West LA VA.



PROGRAM SETTING:

VA Greater Los Angeles Healthcare System:

The VA Greater Los Angeles Healthcare System (VAGLAHS) is one of the largest healthcare systems within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN 22) offering services to Veterans residing in Southern California and Southern Nevada. Greater Los Angeles (GLA) consists of two ambulatory care centers (Sepulveda VA and the Los Angeles Ambulatory Care Center); a tertiary care facility (West Los Angeles VA); and 8 community based outpatient clinics throughout five counties in southern California (Los Angeles, Ventura, Kern, Santa Barbara, and San Luis Obispo). GLA provides comprehensive ambulatory and tertiary care to over 1.4 million Veterans living in this region.

GLA directs the Department of Veterans Affairs' largest educational enterprise. It serves as a major training site for medical residencies sponsored by the UCLA David Geffen School of Medicine and USC School of Medicine, as well as more than 45 colleges, universities and vocational schools in 17 different medical, nursing, paramedical, and administrative programs. Over 500 university residents, interns, and students are trained at the VA Greater Los Angeles Healthcare System each year.

GLA is a designated Center of Innovation for the national Office of Patient Centered Care and Healthcare Transformation. This office works with VA leadership and health care providers to transform VA's health system from the traditional medical model, which focuses on treating specific issues, to a personalized, proactive, patient-driven model that promotes whole health for Veterans and their families. Psychologists at GLA offer many integrated health and healing modalities of care, some of which include introductory courses for relaxation, mindfulness-based interventions, Tai Chi, yoga, and biofeedback. GLA has a Mindfulness Based Stress Reduction program (MBSR) for staff and Veterans.



Sepulveda Ambulatory Care Center:

The Sepulveda Ambulatory Care Center (SACC), located in the San Fernando Valley of Los Angeles, is part of the VA Greater Los Angeles Healthcare System. SACC is a fully independent, though integrated component of the educational mission of GLA. SACC is the major outpatient facility that provides care to the Veterans living in Northern Los Angeles. Following the earthquake in 1994, Sepulveda redefined its mission to become a comprehensive ambulatory care, education, and research facility. From an old-style traditional VA Medical Center, SACC has emerged as a facility in tune with contemporary and innovative health care delivery approaches and interdisciplinary collaboration. SACC offers a comprehensive array of services that supports the primary care program. These services include a wide spectrum of on-site ambulatory care activities for internal medicine, neurology, and specialty ambulatory surgery services, comprehensive psychiatry and psychology services, including alcohol and substance use treatment, dentistry, social services, rehabilitation medicine, audiology, speech pathology, prosthetics services, and comprehensive homeless services. There is also a 40-bed academic nursing home care unit on the campus.

SACC is recognized for special programs, including Geriatric Research, Education and Clinical Care Program (GRECC) and the Women's Health Program. SACC is unique for its expertise in primary, managed care education, and is a site for national VA PRIME medical residents and associate health trainees. Sepulveda's strong academic affiliation with UCLA Schools of Medicine, Dentistry and Nursing assures a progressive, high-quality healthcare environment. As a teaching facility, education and training are prominent at SACC. Most members of the medical staff hold clinical and/or academic appointments at local academic institutions. Psychology is an independent discipline, but a fully integrated and respected component of the overall mental health and medical services.

The Psychology Department at the VA Sepulveda Ambulatory Care Center has a strong commitment to and a long history of providing training. We have a highly competitive (~120 applications annually) doctoral internship program, which has been accredited by the American Psychological Association since 1979. Our psychology internship program provides one-year, full-time, clinical training to six

doctoral interns. In addition, the training program selects 6-8 practicum students each year, all of whom receive at least nine months of supervised training in different clinical rotations. Postdoctoral residents will have a chance to provide layered supervision to our junior trainees.

Twenty-two of our 24 full-time Psychology Department staff are involved in training. All clinical supervisors in the residency, internship, and practicum program are licensed in California, are from APA-accredited doctoral programs in clinical or counseling psychology, have completed an APA-accredited doctoral internship, and most supervisors have completed postdoctoral residency programs. Many hold clinical and academic appointments at local institutions, including the University of California, Los Angeles and Pepperdine University. Psychologists at the Sepulveda VA engage in a variety of roles in interprofessional outpatient medical and mental health settings, with many staff members involved in program leadership positions. Nearly all of our training supervisors are VA certified in one or more evidence-based practice modalities.

TRAINING AIMS, MODEL, AND PROGRAM PHILOSOPHY

The aim of the Postdoctoral Residency Training Program is to promote advanced competencies necessary for the independent practice of psychology in healthcare settings specializing in the assessment and treatment of patients with behavioral and mental health problems. The VA Sepulveda Psychology training program offers a breadth of training opportunities through supervised patient care and didactics. Our developmental training model takes into consideration that postdoctoral residents arrive with varying degrees of experience. We strive to build upon baseline skills and competency benchmarks acquired during the doctoral internship year. Thus, over the course of the postdoctoral year, the resident will be granted more autonomy and responsibility in an organized and developmentally-sensitive sequence.

The residency is learning oriented, and training considerations take precedence over service delivery. Because residents enter the program with varying levels of experience and knowledge, training experiences are tailored so that a resident starts at an appropriate level of independence and clinical responsibility. Supervisors engage in direct observation of residents' clinical activities throughout the training year to determine level of clinical skill and supervision required (e.g., room, area, available). Residents receive a minimum of four hours of supervision each week, two hours of which are individual, face-to-face supervision and two hours of which are group supervision. Complementing basic supervision, through the process of working closely with a number of different Psychology Service supervisors, residents are also exposed to role modeling and mentoring on an ongoing basis. Residents provide layered supervision to practicum students in the residents' focus area, and they receive supervision on their supervision of the trainees, both in a weekly seminar format and in individual supervision with their primary supervisor(s). Residents also provide consultation to psychology interns and trainees in other services (e.g., social work and psychiatry residents).

Our residency program is based on the practitioner-scholar model of training. Our program emphasizes the application of current scientific knowledge to the professional delivery of services. This emphasis is reflected in the content of training experiences, which include training in evidence-based practices, such as Acceptance and Commitment Therapy (ACT); Biofeedback; Brief Behavioral Treatment for Insomnia (BBTi); Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD); Cognitive Behavioral Therapy (CBT) for anxiety, chronic pain, depression, insomnia, and substance use disorders; Cognitive Processing Therapy (CPT); Concurrent Treatment of PTSD and Substance Use Disorders

Using Prolonged Exposure (COPE); Dialectical Behavior Therapy (DBT) skills; Exposure and Response Prevention (ERP); Imagery Rehearsal Therapy (IRT); Integrative Behavioral Couples Therapy (IBCT); Integrative Health and Healing modalities (IHH); Interpersonal Therapy (IPT); Matrix Model for Substance Use Disorders; Mindfulness Based Relapse Prevention (MBRP); Mindfulness Based Stress Reduction (MBSR) and other Mindfulness approaches; Motivational Interviewing (MI); Problem Solving Therapy for Primary Care; Prolonged Exposure (PE); Reminiscence Therapy; Skills Training in Affective and Interpersonal Regulation (STAIR), among others.

The VA system continually disseminates trainings on cutting-edge EBPs based on the current scientific literature. Our training supervisors are highly motivated to seek additional training in newer modalities and pass this training onto their supervisees. Supervisors are also highly skilled in providing training in these methods with a multicultural lens, assisting trainees in adapting and modifying EBPs for diverse clients based on clients' cultural factors and values.

The training program includes seminars that focus on theoretical as well as applied aspects of clinical work. Resident-only seminars include a weekly Supervision of Supervision Seminar to discuss the process of providing layered supervision to practicum students, and a monthly clinical research seminar to provide training in Quality Improvement protocols and to review and evaluate research underlying the development of clinical practice guidelines. Postdoctoral residents attend additional seminars with interns, including a weekly Psychology Training Seminar, a bi-weekly Diversity Seminar, and a monthly Supervision Seminar (separate from the Supervision of Supervision Seminar). Residents are also responsible for presenting/teaching, and in some cases, organizing various seminars. Finally, residents participate in program development activities, quality improvement projects, and numerous didactics and seminars offered through the VA.

Program Goals and Objectives

Postdoctoral residency training focuses on the nine Profession-Wide Competencies, and residents are expected to obtain increasing proficiency in these areas as the year progresses. The broad range of clinical and demographic diversity in our training setting provides an exceptional environment for developing these competencies.

1. Integration of science and practice – residents will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
2. Ethical and legal standards – residents will demonstrate knowledge of and act in accordance with each of the following: (i) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; (ii) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and (iii) relevant professional standards and guidelines. Residents will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. Residents will conduct themselves in an ethical manner in all professional activities.
3. Individual and cultural diversity – residents will demonstrate understanding of how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with different people. Residents will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research,

training, supervision/consultation, and service. Residents will integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). Residents will apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Residents will learn to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. They will demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

4. Professional values and attitudes – residents will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They will engage in self-reflection regarding their personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Residents will be encouraged to actively seek and demonstrate openness and responsiveness to feedback and supervision. They will be expected to respond professionally in increasingly complex situations with a greater degree of independence as trainee progresses across levels of training.
5. Communication and interpersonal skills – residents will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. Residents will demonstrate effective interpersonal skills and the ability to manage difficult communication well
6. Assessment – residents will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Residents will communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
7. Intervention – residents will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals. They will implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Residents will demonstrate the ability to apply the relevant research literature to clinical decision making. They will be expected to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. Residents will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
8. Supervision – residents will apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
9. Consultation and interprofessional/interdisciplinary skills – residents will demonstrate knowledge and respect for the roles and perspectives of other professions. They will apply this knowledge in

direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Satisfactory completion of the postdoctoral residency meets postdoctoral supervised practice requirements for licensure in California. At the completion of training, our residents are prepared and expected to successfully obtain licensure and to function as competent, entry-level psychologists.

SCHEDULE:

For all postdoctoral residency positions, the schedule is 40 hours per week. The general expectation is that trainees spend, on average, 26 hours per week in patient care activities, which includes a minimum of 10 hours per week (or 25% of worked hours) in direct, face-to-face services, such as intake assessments, individual psychotherapy, and group psychotherapy. Other patient-care activities include: consultation, patient care conferences, interdisciplinary team meetings, and clinical support activities, including writing progress notes, assessment reports, and coordination of care. The remainder of their time is spent in receiving supervision (4 hours/week), providing supervision (3 hours/week), didactic trainings (3 hours/week), research-related activities (2 hours/week), and elective engagement in Diversity Equity and Inclusion (DEI) activities (2 hours/week; note the WMH position has greater time devoted to diversity-related endeavors). Thus, it is clear from the structure of our program that resident training requirements take precedence over service delivery and revenue generation. All clinics operate with staff psychologists and are not dependent upon the presence of trainees to function, although the presence of trainees allows for greater patient capacity.

SUPERVISION:

Residents will have a different supervisor in each of the clinics in which they are working, but a primary supervisor will be assigned for the entire year. Residents will receive a minimum of four hours of supervision per week, at least two hours of which includes individual face-to-face supervision, one with the primary supervisor and the other with delegated supervisors. At least two hours per week will include group supervision with primary/delegated supervisors. The program employs a developmental model of training; there is more intensive supervision at the outset of the residency and at the beginning of each new clinical activity, with the goal of increasing the resident's independence and ability to manage increasingly complex situations as their knowledge and skills develop. Supervision takes place through a number of different modalities, including co-therapy, direct observation, audiotape review, case presentations, role plays/response to vignettes, review of written work, review of test data, observations in interdisciplinary team meetings, and feedback from other staff members. Residents have the opportunity to observe supervisors providing services in many settings, especially at the outset of the rotation, and frequently serve as co-facilitators for group interventions.

SUPERVISION OF JUNIOR TRAINEES:

Residents will also serve as supervisors to one of the practicum students who will be working in the same clinical area. Residents will be encouraged to observe practicum students' clinical activities, review notes, listen to audiotapes, meet for weekly, hour-long supervision sessions, provide constructive feedback to junior trainees, provide mentorship in areas of professional development, contribute to the bi-annual evaluations, and even write letters of recommendation. Residents will receive supervision on their supervision through a weekly seminar (Supervision of Supervision) in which they discuss the process of developing as a competent supervisor. Additionally, residents will discuss their practicum student's patients in weekly supervision with the resident's primary supervisor.

EVALUATION:

Residents are asked to complete a self assessment at the beginning of the training year and again at the midpoint. This is done to promote self reflection, to identify gaps in training, and to develop goals and a plan for the residency year. The Residency Program encourages ongoing feedback among residents, supervisors, and the Training Committee. Staff members review residents' progress at monthly staff

meeting. Supervisors and residents complete formal, written, competency-based evaluations at the mid-point and end-point of the year-long with the expectation that feedback is an ongoing process throughout the year. These evaluations encourage communication, identify strengths and weaknesses, and set goals for training. Residents are required to complete evaluations of their supervisors, the clinical activities, the didactics, and their elective placements. The Training Program also solicits feedback from residents on programmatic issues informally throughout the year. Residents are scheduled to meet with the Director of Training on a monthly basis to discuss any problems, concerns, or suggestions for program improvement. Residents complete a formal program evaluation and an exit interview with the Director of Training at the completion of the year.

Sepulveda's goal is to provide a successful and rewarding training experience for all of our residents. The staff is highly committed to training, and we work to tailor the training program to meet each resident's individual interests, needs, and goals.

PRESENTATIONS:

During the year, each resident will provide presentations in the context of the psychology training seminar on a number of topics related to laws and ethics as well as postdoctoral residency application procedures (for the interns). Residents will also have the opportunity to provide a formal case presentation on a therapy case in a colloquium format for the psychology department. There are many other opportunities for residents to provide formal presentations to the psychology department or other service providers within the context of the clinical placements.

DIVERSITY, EQUITY, AND INCLUSION (DEI) ACTIVITIES

All residents are allotted two hours/week in which they can choose to work on activities related to DEI efforts (the residency program with a focus on diversity allocates a greater proportion of time for these activities). The Greater Los Angeles VA Healthcare System has a robust DEI Committee whose purpose is: *"to create a willing community of fellow staff members and trainees to learn from one another's life experiences, to advocate for inclusion, to celebrate all cultures and identities, and to promote equity in access to opportunity. We strive to extend these values to the services and care we offer to Veterans."* Within the DEI Committee, trainees can get involved in any one of three sub-committees related to Hiring, Staff Development, and Training.

- The Hiring Subcommittee prioritizes the expansion of diversity, equity, and inclusion among GLA Psychology staff. Efforts include finding ways to increase/improve advertisement of positions, connecting with academic institutions, and enhancing selection procedures to enhance diverse representation on staff as well as providing mentorship to new staff.
- The Staff Development Subcommittee focuses on dissemination of resources and consultative services to staff. The subcommittee aims to increase staff members' knowledge, awareness, and application of diversity, equity, and inclusion principles. The subcommittee hosts several forums including monthly Lunch and Learns, a DEI Book Club, and dissemination of diversity highlights.
- The Training Subcommittee aims to integrate diversity, equity, and inclusion across the span of GLA training programs for trainees, supervisors, and other committee initiatives. This is done through mentorship, consultation, education, focus groups, recruitment of culturally diverse applicants, and provision of multiculturally competent supervision. This committee aims to enhance diversity trainings offered to all GLA psychology trainees.

ELECTIVE RESEARCH OPPORTUNITIES

Residents are encouraged to avail themselves of opportunities to develop their research interests with the help of faculty mentors with funded projects, and by participating in mental health grand rounds and research seminars along with UCLA psychiatry residents. At GLA, there is a lively Research Service with more than 225 investigators conducting over 540 research projects in all areas of medicine and mental health, and numerous VA and NIH funded Clinical Research Centers, for example, the VA Geriatric Research, Education and Clinical Center (GRECC), the VISN 22 Mental Illness Research, Education and Clinical Center (MIRECC), the Parkinson's Disease Research, Education and Clinical Center (PADRECC), and so much more. Residents can use up to four hours per week to pursue their research interests.

Coordinator:

Susan Rosenbluth, Ph.D.

COVID-19 RESPONSE AND ADAPTATIONS:

Due to the COVID-19 pandemic, the training program successfully transitioned all Psychology Trainees to full-time telework while maintaining almost all training activities without significant disruption. Specifically, all trainees used telehealth modalities for individual, couples, and group therapy, as well as cognitive assessment activities. Trainees attended and participated in didactics and supervision via virtual video platforms; they benefited from live, direct observation of clinical care by supervising psychologists. The health and safety of our Psychology Trainees, along with the competent care of our nation's Veterans, is of utmost importance to us. We will continue to provide high-quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront.

REQUIREMENTS FOR COMPLETION

In order to maintain good standing in the program, residents must:

1. Abide by the APA Ethical Principles and Code of Conduct and all VA policies, rules, and regulations
2. Obtain ratings of 5 ("Approaching Autonomous Practice") or higher on 80% of items in each of the nine core competency areas, with no serious ethical violations at the mid-point of the year.
3. Meet all administrative requirements

Criteria for Successful Completion of Residency:

1. Completion of 2080 hours of supervised professional experience, to be completed in one year of full-time training
2. It is required that a minimum of 25% of the resident's worked hours be in direct patient care (10 hours of face-to-face care in a 40 hour/week)
3. Satisfactory performance in all nine clinical competency areas. It is expected that as residents gain in knowledge and skill during the training year, they will be able to carry out more advanced tasks with greater independence. Successful completion of residency is determined by ratings of '6' ("Ready for Autonomous Practice") or higher on 100% of items in all nine clinical competency areas, with no areas requiring remediation and no serious ethical violations.

4. Didactic Training. Residents are required to attend required Psychology Seminars and Psychology Department workshops. In addition, residents must attend educational activities required on their rotations.

Residency Didactics for all Postdoctoral Positions:

CLINICAL RESEARCH SEMINAR

This is a monthly, 60-minute seminar attended by residents. Content focuses on developing a knowledge base for the use of research in clinical practice. Specific topics include: quality improvement, understanding and using clinical trials to inform practice, discussion of diversity, equity and inclusion in clinical research, and understanding how clinical practice guidelines are developed from research findings.

Coordinators:

Monica R. Kelly, Ph.D., DBSM

Jennifer Martin, Ph.D., FAASM, DBSM

DIVERSITY, EQUITY, AND INCLUSION (DEI) SEMINAR

This is a twice-monthly, 90-minute seminar attended by interns and residents. The purpose of this seminar is to increase trainees' cultural awareness, competence, and humility using a number of formal presentations, experiential exercises, role plays, and assigned readings. Trainees will learn how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with different people. Trainees will learn to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Guest lecturers are invited to speak on topics, such as ethnic minority groups, immigrants, LGBT considerations, returning students, and women Veterans, among others.

Coordinators:

Grace Rosales, Ph.D.

Carissa Klevens-Thomas, Ph.D.

PSYCHOLOGY TRAINING SEMINAR

This is a weekly, 60-minute seminar on a broad range of issues related to professional development, attended by interns and residents. Speakers are different each week and topics include: Laws and Ethics, Licensure Preparation, Military Culture, Wellness/Self Care, How to Start a Private Practice, and Hiring Opportunities in the VA, among others. Additionally, the interns and residents will be responsible for providing one presentation on research and one formal case presentation in the context of this seminar toward the end of the training year.

Coordinators:

Leela Farina, Ph.D.

Melissa Lewis, Ph.D.

SUPERVISION SEMINAR

This is a monthly, 60-minute seminar attended by interns and residents designed to provide training in competency-based clinical supervision. The seminar content is comprised of a combination of formal presentations, group discussions, vignettes, role plays, and assigned readings. Guest lecturers are invited to present on a number of different topics including the supervisory relationship; assessment, evaluation, and feedback; diversity considerations; ethical, legal, and regulatory considerations, among others.

Coordinator:

Joy Y Lin, Psy.D.

SUPERVISION OF SUPERVISION SEMINAR

This is a weekly, 60-minute group supervision/seminar and is attended by the postdoctoral residents who are supervising practicum students. While the Supervision Seminar provides training and didactics in supervision practice, this seminar allows residents to engage in group discussions regarding the process of engaging in supervision and the experience of adopting this new professional role.

Coordinators:

Joy Y. Lin, Psy.D.

Kaddy Revolorio, Psy.D.

ADDITIONAL DIDACTICS:

In addition to program-sponsored didactics listed above, there are numerous educational opportunities at the Sepulveda VA. There are weekly colloquia in Geropsychology and Geriatrics, Grand Rounds in Medicine, UCLA Grand Rounds, and several full-day workshops offered for GLA psychologists and trainees. Topics typically include Law and Ethics; Supervision; and other topics of interest, such ACT, DBT, Mindfulness Meditation, Telehealth, etc.

POSTDOCTORAL RESIDENCY IN TRAUMA

Program Structure

Training for the psychology resident will be focused primarily in Trauma Recovery Services (TRS). The mission of TRS is to provide assessment and evidence-based treatment to Veterans diagnosed with PTSD.

Residents will learn to assess Veterans using thorough diagnostic testing (e.g., CAPS-5, trauma interview) to establish an accurate PTSD diagnosis. Through this process, the Veteran will either be found to be appropriate for TRS and a treatment plan will be collaboratively developed with the Veteran or the Veteran will be referred to more appropriate care (e.g., back to referring provider, higher level of care, etc.). Veterans with military and non-military trauma, including sexual trauma, are eligible to participate in TRS.

Once a diagnosis of PTSD has been established by the TRS team, the Veteran will be enrolled in the treatment phase. The core aspect of TRS will be trauma-focused work. The resident will be trained to deliver Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Depending on resident interest and availability of cases, there may also be opportunities to provide Concurrent Treatment of PTSD and Substance Use Disorders (COPE) and/or Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD). Treatment may also include stabilization, with a focus on helping the Veteran obtain greater coping skills and symptom-specific management (e.g., anger management, stress management, CBT-I, CBT, or relaxation).

Thus, residents in TRS are expected to:

1. Learn to accurately diagnose PTSD using the CAPS-5
2. Develop individualized treatment plans with Veterans based upon the diagnostic assessment and shared decision making with consideration for the Veteran's goals
3. Learn and deliver evidence-based psychotherapy for PTSD
4. Provide symptom-specific management interventions for comorbid conditions, such as chronic pain, insomnia, or anxiety
5. Facilitate connection to community resources and alternative care modalities, as appropriate
6. Function as part of an interprofessional team to support the delivery of services

As a part of TRS, residents function as junior colleagues; they conduct assessments, lead groups, provide individual psychotherapy, and participate as part of an interprofessional team. While the focus is on individual psychotherapy, there may be opportunity to run groups (e.g., STAIR, Logotherapy). Given the high rates of substance use disorders (SUD) in Veterans with PTSD, it is important that trauma providers have experience with the evaluation and treatment of SUDs. Therefore, the resident will participate in the Addictive Behaviors Clinic (ABC) for 4 hours a week (up to 8 hours a week if resident chooses the ABC elective training) throughout the year. ABC offers an Intensive Outpatient Program (IOP) to Veterans of all genders, ages 20-80, who misuse alcohol, heroin, cocaine, amphetamines, and/or other substances. Most patients have comorbid psychological problems. Patients in the IOP are required to commit to a minimum of 14 weeks of 3 days/week treatment, and many continue in aftercare treatment for a year or longer. Therapeutic interventions are recovery-oriented and include evidence-based treatment of early recovery and relapse prevention skills through Matrix model of treatment, as well as DBT skills-based emotions management groups and CBT skills-based groups.

The resident will have the opportunity to conduct assessments, lead a group, and provide psychotherapy (often for Veterans with co-occurring substance use and PTSD).

Residents will also participate in the **GLA Trauma Psychology Seminar**, which is a virtual weekly didactic attended by Trauma Recovery Services staff and trainees (pre-interns, interns and postdoctoral residents) across all of GLA who are interested in the assessment and treatment of PTSD. The seminar, which is led by a variety of guest speakers, focuses on increasing understanding of trauma/PTSD, reviewing evidence-based approaches for assessing and treating PTSD, examining both practice and theoretical issues in the treatment of PTSD, and discussing emerging new knowledge in the field of trauma psychology.

Residents also attend a weekly **TRS Diversity Case Consultation** meeting that focuses on promoting awareness and deepening our knowledge and understanding of diversity factors as it relates to evidence-based trauma-focused assessment and treatment. Discussions include the influence of therapists' diversity factors when providing trauma-focused care, as well as incorporating diversity factors in case conceptualizations and effectively adapting trauma-focused interventions to better serve our diverse patients.

Elective Training in the Trauma Residency:

In addition to the core training activities in TRS, there will be opportunities for one 12-month or two 6-month electives. These training opportunities are four hours per week and include .5 to 1 hour of supervision.

Addictive Behaviors Clinic

- The resident can engage in additional time providing individual and group psychotherapy with Veterans in substance use treatment. Residents may choose to facilitate the following group:
Healthy Habits
 - This group is based on the Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual (Velasquez, et al., 2001) protocol and CBT for Substance Use Disorders Among Veterans (DeMarce, et al., 2014), modified to be an open drop-in group. This group offers strategies based on the transtheoretical model of behavior change for Veterans who are thinking about reducing or modifying their current use of substances.

Insomnia Clinic

- Residents can offer individual psychotherapy in a Pulmonary Sleep Clinic working closely with sleep medicine physicians and other healthcare providers to manage patients with multiple sleep-related difficulties. The primary treatment modality will be CBT for Insomnia (CBT-I), although there may be opportunities for IRT and other sleep disorder treatments.

Supervisors for Postdoctoral Residency in Trauma:

Alex Barrad, Psy.D.

Rosy Benedicto, Ph.D., ABPP

Leela Farina, Ph.D.

Bobby Jakucs, Psy.D.

Melissa Lewis, Ph.D. (ABC program supervisor)

Shana Spangler, Psy.D.

POSTDOCTORAL RESIDENCY IN PRIMARY CARE MENTAL HEALTH INTEGRATION/BEHAVIORAL SLEEP MEDICINE (PCMHI/BSM):

Program Structure

Training for the psychology resident will be focused in the Primary Care Mental Health Integration (PCMHI) Clinic and the Behavioral Sleep Medicine (BSM) Program. The resident will spend approximately half of their clinical time in each of these two programs.

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI)

SACC was an early adopter of Primary Care Mental Health Integration (PCMHI) and has consistently performed above national goals for mental health visits within primary care. The postdoctoral resident will be engaging in co-located collaborative care on an interprofessional primary care team, providing initial assessments to patients presenting with a wide variety of issues who may be experiencing their first contact with mental health services. Residents will have the opportunity to conduct brief (30 min.) functional assessments, to provide short-term interventions, and to consult with other providers in the primary care setting. Residents will also be involved in conducting groups and will be responsible for providing patients with psychoeducation, coping skills, and/or facilitating patients' involvement in the next step of their mental health treatment.

The resident will work closely with supervising psychologists to deliver brief interventions and to provide consultation services within an interprofessional team. Treatments delivered in PCMHI may target anxiety, depression, insomnia, history of trauma, adjustment disorders, chronic pain, and psychological factors related to chronic medical conditions. Residents on this rotation will also provide Brief Behavioral Therapy for Insomnia (BBT-I) and a 4-session Imagery Rehearsal Therapy (IRT) treatment. Additionally, residents may engage in diagnostic clarification and treatment planning to aid in making appropriate referrals to specialty mental health.

Patients seen in the PCMHI clinic are treated on a brief basis (4-6, 30-minute sessions) using a variety of evidence-based treatment approaches which can include skills-based interventions, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Problem-Solving Therapy for Primary Care, Biofeedback, Mindfulness-based psychotherapy, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Motivational Interviewing (MI).

Specific behavioral medicine elements include:

Biofeedback

- Training opportunities in biofeedback exist in the following modalities: breath pace (respiration), muscle activity (Electromyography), heart rate and heart rate variability (HR and HRV), peripheral finger temperature (thermistor), and galvanic skin response (GSR). Residents will learn how to use and interpret the measurements and how to teach Veterans skills for modulating the processes being measured.

Coping with Chronic Pain Group

- The resident will co-facilitate this 6-week group with interns rotating on Health Psychology: Behavioral Medicine. Residents will provide psychoeducation about the biopsychosocial model and factors that affect chronic pain. Residents will train patients to use pain management strategies using techniques from both CBT and ACT approaches.

Time-Limited Individual Psychotherapy

- Residents will provide time-limited psychotherapy to Veterans with comorbid physical and mental health problems and to implement various evidence-based approaches and interventions. Patients present with a range of medical diagnoses and both preexisting and newly diagnosed mental health issues.

Supervisors:

Austin Grinberg, Ph.D.

Kaddy Revolorio, Psy.D. (Primary Supervisor for PCMHI)

Sarah Duman Serrano, Ph.D., BCB

BEHAVIORAL SLEEP MEDICINE (BSM) PROGRAM

The BSM program is located within the AASM Accredited Sleep Medicine Center as part of comprehensive patient-centered care for sleep disorders. The resident will work closely with the supervising psychologists to deliver evidence-based treatments for insomnia, address circadian rhythm sleep/wake phase disorders, and address use of positive airway pressure therapy (“CPAP”) in Veterans with obstructive sleep apnea. The main activities will include:

Insomnia Disorder Clinic (8 hours per week): Residents will spend 8 hours per week evaluating patients and providing Cognitive Behavioral Therapy for Insomnia (CBT-I) following the case conceptualization-based approach that is disseminated by the Office of Mental Health and Suicide Prevention. This clinical program was developed and implemented by a Diplomate of the American Board of Behavioral Sleep Medicine who is also a National Expert Trainer and Subject Matter Expert for the VA’s National Provider training program in CBT-I. On an as-needed basis, the resident will be available for consultation with the sleep medicine provider team during the sleep medicine team’s half-day outpatient clinic. During this time, the resident will assist with facilitating referrals to the insomnia disorder clinic, engage in brief motivational interventions to encourage engagement with mental health services, and address other psychological and behavioral needs of patients seen within the sleep medicine clinic. Additionally, the resident will provide consultation to sleep medicine fellows on an as-needed basis.

Based on clinical need, residents may also be involved in delivering behavioral treatments to patients with other sleep disorders, including shift work sleep disorder, circadian disorders (delayed/advanced sleep wake phase disorders), nightmare disorder or narcolepsy. This may be combined with time spent in the insomnia clinic or patients with these conditions may be seen at other times, for up to 2 hours per week.

Positive Airway Pressure Adherence Program (2 hours): Residents will have the opportunity to co-lead a weekly “introduction to CPAP” group with other mental health and sleep medicine providers.

This class is designed to enhance motivation for CPAP initiation and to facilitate early adoption of this treatment.

Behavioral Sleep Medicine Didactics (2 hours): Residents will have the opportunity to participate in behavioral sleep medicine focused continuing education (CE) trainings with the goal of obtaining the required CEs to sit for the diplomate in behavioral sleep medicine board exam. Didactics include local trainings through the sleep medicine clinic and grand rounds at UCLA as well as remote/virtual didactic training opportunities. The resident will also have the opportunity to attend the annual Sleep conference (usually occurs in June).

Clinical Research (4 hours): There is a thriving behavioral sleep medicine clinical research program at SACC, and the resident will have the opportunity to engage in scholarly writing and to work directly with study investigators to deliver manual-based interventions within IRB-approval protocols. Due to requirements for research credentialing, the first half of the training year will focus on scholarly activities that do not involve contact with human subjects. These activities will be based on the resident's interests and may include:

- Conceptualizing and writing a book chapter or review article
- Participating in development of treatment manuals, patient materials or other activities in preparation for new clinical research projects
- Analysis of de-identified data from prior studies
- Writing and submitting an abstract for presentation at a scientific meeting or conference

The second half of the year (after research credentialing is complete) will provide an opportunity to learn “hands on” about clinical research and to participate in ongoing studies as a study therapist. While the available opportunities vary by year, current opportunities include:

- Delivery of an ACT-based intervention to improve use of CPAP among women Veterans newly diagnosed with insomnia disorder (VA-funded clinical trial)
- Delivery of CBT-I to older Veterans attempting to discontinue use of sedative hypnotic medications (VA and NIH funded clinical trials)
- Additional planned projects (pending funding) include: Delivery of CBT-I and a novel ACT-based insomnia treatment to Veterans with comorbid insomnia disorder and PTSD; delivery of a newly developed intervention to increase use of CPAP in older Veterans who have discontinued treatment.

Supervisors:

Austin Grinberg, Ph.D.

Monica R. Kelly, Ph.D., DBSM

Jennifer Martin, Ph.D., FAASM, DBSM (Primary Supervisor for BSM)

Kaddy Revolorio, Psy.D.

POSTDOCTORAL RESIDENCY IN WOMEN'S MENTAL HEALTH WITH A FOCUS ON TRAUMA AND DIVERSITY

Program Structure

Training for the psychology resident will be in the Women's Health Clinic (WHC) with a joint focus on trauma and diversity. This residency is intended to build the resident's capacity to provide evidence-based trauma treatment to women at all levels of treatment readiness. Additionally, this position is designed to mentor residents who have a strong interest in issues related to diversity and multiculturalism in the implementation and expansion of diversity and cultural competence within a large system.

The Women's Health Clinic (WHC) at the Sepulveda VA is a comprehensive women's health care center that provides primary and specialty (e.g., OB/GYN) care, as well as psychiatry, psychology, and social work services. The women Veteran population seen in the WHC is diverse in terms of age, race, ethnicity, and sexual orientation. The Women's Clinic also supports Transgender men and women. Women Veterans present for mental health treatment with a range of psychiatric diagnoses such as mood disorders, anxiety disorders, posttraumatic stress disorder (PTSD), substance use disorders, and personality disorders. A large subset of Women Veterans presents with single or multiple traumatic experiences, which include combat-related trauma, military sexual trauma (MST), and other non-military-related traumas (e.g., childhood trauma, domestic violence, racial discrimination). Common co-morbid medical diagnoses include musculoskeletal disorders, chronic pain, heart disease, and diabetes.

Residents will have the opportunity to provide services in the context of an interprofessional team and will conduct weekly mental health initial assessments with a focus on accurate diagnosis, provide individual and group psychotherapy, participate in the WHC DBT Consultation Team, and supervise a junior trainee. Residents will be trained in evidence-based psychotherapies for PTSD including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Dialectical Behavior Therapy (DBT) as well as pre-trauma treatment interventions to increase skills acquisition (e.g. PTSD 101 Group, STAIR) and interventions to manage specific symptoms (e.g. CBT-Insomnia). There are also opportunities to treat women's mental health issues that present throughout the reproductive life span such as peri- or post-natal mental health issues, pregnancy loss, and menopause.

In addition, 50% of this Postdoctoral Residency is devoted to multiculturalism and diversity within a large VA system. The program is designed to mentor residents on how to build personal cultural awareness and increase cultural competence within a large system through developing strategies, disseminating information, and teaching/consultation with staff and trainees on issues of diversity. The Fellow will be involved in the GLA Mental Health Diversity, Equity, and Inclusion Committee, the SACC Diversity Training Seminar, and will assist in the development of the SACC Diversity Consultation Team. The resident will also provide direct clinical care with marginalized populations in both individual and group (Race-Based Trauma Group, Race-Based Trauma Grad Group) modalities. Residents will also have the opportunity to work with LBTQ population and complete Transgender Evaluations for hormone replacement therapy. Quality improvement and research opportunities also exist and can include reviewing the literature and developing documents/papers/presentations regarding

cultural adaptations to EBPs, identifying strategies to create a welcoming environment of care for diverse Veterans, etc.

Supervisors for Postdoctoral Residency in Women's Mental Health, Trauma, and Diversity:

Marissa Burgoyne, Psy.D.

Gwendolyn Carlson, Ph.D.

Grace Rosales, Ph.D. (Primary Supervisor)

Why Choose the Sepulveda VA for Postdoctoral Residency Training?

We are certain that when reviewing Training Brochures for postdoc, it can be difficult to determine how programs differ from one another. However, we are well acquainted with many programs and feel that the one at the Sepulveda VA stands out for many reasons; here are just a few of those reasons, and we are happy to elaborate further during the interview process:

Focus on Evidence-Based Modalities:

Most of the training experiences at the Sepulveda VA are empirically informed and nearly all training supervisors have been VA certified in one or more evidence-based practice modalities. In addition to this, several of the supervisors on staff at SACC are regional trainers and subject matter experts -- they are the ones training other supervisors throughout the VA system! Thus, trainees will have the benefit of learning from “the best” and will learn how to flexibly apply evidence-based protocols with fidelity and to employ measurement-based care strategies to assess treatment outcomes.

Quality of Supervision/Supervisors:

With the exception of about six supervisors, one of whom is ironically the Training Director, every other supervisor has trained at the Sepulveda VA in some capacity, whether it was during practicum, internship, or postdoc (and in some cases, all three levels)! This speaks volumes about the environment at SACC; most trainees have such positive experiences that they end up wanting to stay on as staff members. Additionally, supervisors have the added perspective of being both a SACC trainee and SACC supervisor, which can be very helpful. Finally, many of the Sepulveda supervisors hold high-level leadership positions in GLA as well as academic appointments at local universities and can therefore provide valuable mentorship to trainees regarding leadership development.

Emphasis on Diversity Training:

All trainees at the internship and postdoc level are allotted two hours per week in which they can participate in Diversity, Equity, and Inclusion (DEI) activities affiliated with any one of our DEI Sub-Committees focused on Hiring, Training, and Staff Development. GLA has a robust DEI Committee and each year, trainees will be educated about the various ways they can contribute to new or ongoing diversity-related efforts. Thus, time is specifically carved out of the training programs for trainees to contribute to DEI efforts. This, of course, is in addition to the twice monthly Diversity Seminar in which trainees participate. Trainees have the choice to use those two hours for alternate endeavors, if they so choose, but it was important to us to designate those hours for diversity activities rather than adding them, as an afterthought, to an already-full schedule.

The Vibe:

Finally, and probably most importantly, one of the features that stands out about the Sepulveda VA the most is the vibe – created by the physical environment, the trainees, and the staff members. We have a beautiful campus that is jokingly referred to as “the country club of GLA,” with sprawling grounds, lots of foliage, views of mountains, and (some) lovely buildings. The Training Committee is committed to helping to create a collaborative, supportive, and cohesive residency class, which is done by scheduling shared didactics as well as social events to promote the development of that feeling.

The supervisors on staff are a collaborative, nurturing, and cohesive group of professionals who truly enjoy working and spending time with one another; trainees have remarked that they can feel and

appreciate the respect, kindness, and support that supervisors convey toward one another and to the trainees. Finally, we would be remiss if we did not mention our **potlucks** for which we are regionally (and maybe even nationally!) known. We have some very talented chefs on staff who express their affection for their co-workers and trainees through food. The COVID-19 pandemic has certainly impeded our ability to hold potlucks, so it is expected that by the 2022-2023 year, we will be back in full force.

Facility and Training Resources

Residents will be provided with office space and computers necessary for patient care and administrative responsibilities. They will have full access to VA Medical Library services, the UCLA Biomedical Library, as well as VA Intranet and internet resources for clinical and research work. We have a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs.

Administrative Policies and Procedures

Authorized Leave: The Sepulveda Ambulatory Care Center's policy on Authorized Leave is consistent with the national standard. In the course of the year, residents accrue 13 vacation days and 13 sick days (4 hours of vacation and 4 hours of sick time are accrued every two-week pay period) and 11 paid holidays. Residents may request up to 5 days (40 hours) of educational leave/administrative absence (AA) for off-site educational activities. The following professional activities qualify: job interviews, conferences, pre-licensure seminars, licensing exams, and workshops outside of GLA.

Stipend: The stipend for the training year is \$52,911

Benefits: VA residents are eligible for health insurance (for self, legally married spouses of any gender, and legal dependents) and for life insurance.

Due Process – All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is available upon request.

Privacy policy: we will collect no personal information about you when you visit our website.

Self-Disclosure: We do not require residents to disclose personal information to the program administrators or clinical supervisors, except in cases where personal issues may be adversely affecting the residents' performance and such information is necessary to address any difficulties.

Family and Medical Leave: The residency program allows for parental leave as well as for leave in the event of serious illness. Family and Medical Leave are granted for the birth of a child and care of a newborn, or placement of a child with oneself for adoption or foster care; a serious health condition of a spouse, son or daughter, or parent; or one's own serious health condition. Residents are required to complete the full 2080-hour requirement; any leave time will result in an extension of the training contract. Residents are encouraged to address any requests for leave with the Director of Training as early as possible.

Reasonable Accommodations: It is the policy of VA to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA).

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA-sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Recent Postdoctoral Residents

<u>2021-2022</u>	<u>Graduate Program</u>	<u>Internship Program</u>
PCMHI/BSM	University of Colorado, Denver	Long Beach VA
Trauma	Seattle Pacific University	Long Beach VA
Women's MH*	University of North Dakota	El Paso VA
<u>2020-2021</u>	<u>Graduate Program</u>	<u>Internship Program</u>
Trauma	Suffolk University	Sepulveda VA
Trauma	Idaho State University	VA Northern California HCS
(PCMHI/B-Med position was converted to second Trauma postdoc this academic year)		
<u>2019-2020</u>	<u>Graduate Program</u>	<u>Internship Program</u>
PCMHI/B-Med	Roosevelt University	Southern Arizona VA HCS
SUD/PTSD	St. Louis University	Sepulveda VA
WHC/TRS*	Pepperdine University	West LA VA
<u>2018-2019</u>	<u>Graduate Program</u>	<u>Internship Program</u>
PCMHI/B-Med	University of Arizona	West LA VA
SUD/PTSD	Fuller Theological Seminary	WJB Dorn VA
SUD/PTSD*	John F. Kennedy University	MO Health Sciences Psychology Consortium
<u>2017-2018</u>	<u>Graduate Program</u>	<u>Internship Program</u>
PCMHI/B-Med	Pepperdine University	Southern Arizona VA HCS
SUD/PTSD	PGSP-Stanford PsyD Consortium	Sepulveda VA
<u>2016-2017</u>	<u>Graduate Program</u>	<u>Internship Program</u>
PCMHI/B-Med	PGSP-Stanford PsyD Consortium	Sepulveda VA
SUD/PTSD	PGSP-Stanford PsyD Consortium	LAACC
<u>2015-2016</u>	<u>Graduate Program</u>	<u>Internship Program</u>
PCMHI/B-Med	AIU/CSPP San Francisco	Loma Linda VA
SUD/PTSD	Pepperdine University	Sepulveda VA
<u>2014-2015</u>	<u>Graduate Program</u>	<u>Internship Program</u>
SUD/PTSD	AIU/CSPP Los Angeles	Tuscaloosa VA

*Represents additional postdoctoral positions obtained with Temporary Funding through OAA

TRAINING STAFF

Barrad, Alex, Psy.D.

Training Roles: Supervisor; Section Chief of TeleMental Health, GLA

Training Activities: Trauma Recovery Services

Undergraduate Program: University of California, San Diego, 2007

Doctoral Program: PGSP-Stanford Psy.D. Consortium (Clinical), 2013

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2012-2013

Postdoctoral Residency: VA Loma Linda Healthcare System (Trauma), 2013-2014

Areas of Interest: Posttraumatic Stress Disorder, Treatment of Sleep Disorders, Evidence-Based Treatments, Substance Use Disorders

Certifications: Certified VA Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), and Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD Provider

Orientation: Cognitive-Behavioral, Integrative

Benedicto, Rosy, Ph.D., ABPP

Training Roles: Supervisor

Training Activities: Trauma Recovery Services

Undergraduate Program: University of California, San Diego, 2006

Doctoral Program: University of Nebraska-Lincoln (Clinical), 2015

Doctoral Internship: West Los Angeles VA Healthcare Center, 2014-2015

Postdoctoral Residency: West Los Angeles VA Healthcare Center (Trauma Psychology), 2015-2016

Areas of Interest: Posttraumatic Stress Disorder, Co-occurring Trauma and Substance Use Disorders, Multiculturalism, Family-Focused Approach to Treatment, Intimate Partner Violence Perpetration, Evidence-Based Treatments

Certifications: Certified VA Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I) Provider; Peer-Reviewed PE Consultant by the Emory University Prolonged Exposure Consultant Training Program

Orientation: Cognitive-Behavioral

Burgoyne, Marissa, Psy.D.

Training Roles: Supervisor, Section Chief for Women's Mental Health, GLA

Training Activities: Women's Health Clinic

Undergraduate Program: Brown University, 1994

Doctoral Program: Pepperdine University (Clinical), 2011

Doctoral Internship: VA Loma Linda, 2010-2011

Academic Affiliations: Adjunct Professor, Pepperdine University

Areas of Interest: Women's Health, Posttraumatic Stress Disorder, Anxiety Disorders, Readjustment Issues Among Student Veterans, Development and Implementation of Group Interventions, Evidence-Based Practice, Individual and Group Therapy.

Certification: Certified VA Cognitive Processing Therapy (CPT) Provider; Certified VA Prolonged Exposure Therapy (PE) Provider

Orientation: Cognitive-Behavioral

Carlson, Gwen, Ph.D.

Training Roles: Supervisor

Training Activities: Women's Health Clinic, DBT Consultation Team

Undergraduate Program: Drake University, 2012

Doctoral Program: University of Nevada, Reno (Clinical), 2018

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2017-2018

Postdoctoral Residency: Women's Health, VA Greater Los Angeles, 2018-2020

Academic Affiliations: Clinical Instructor, David Geffen School of Medicine, UCLA

Areas of Interest: Women's Health, Posttraumatic Stress Disorder, Insomnia, Emotion Dysregulation, Evidence-Based Practice

Certification: VA Cognitive Behavioral Therapy for Insomnia (CBT-I) Provider

Orientation: Cognitive Behavioral, Third Wave

Chauhan, Falguni, Ph.D.

Training Roles: Supervisor; Director of Psychology Practicum Program

Training Activities: Health Psychology: Geriatrics, Couples Therapy Clinic

Undergraduate Program: University of California Irvine, 1992

Graduate Program: Boston University, M.A., 1995

Doctoral Program: University of Houston (Counseling), 2007

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2006-2007

Areas of Interest: Geropsychology, Couples Therapy, Home Based Primary Care, Neuropsychology, Dementia, Alzheimer's Disease, Multiple Sclerosis, Posttraumatic Stress Disorder, TBI, Family Therapy, Caregiver Stress, Individual and Group Therapy.

Certifications: Certified VA Integrative Behavioral Couples Therapy (IBCT) Provider; Cognitive-Behavioral Therapy for Insomnia (CBT-I) Provider; Acceptance and Commitment Therapy for Depression (ACT-D) Provider; Cognitive Behavioral Therapy for Depression (CBT-D) Provider.

Orientation: Eclectic/ Integrative

DeLeeuw, Charles E., Ph.D.

Training Roles: Supervisor, Deputy Division Chief, General Care Division, Mental Health Clinics and Telemental Health

Activities: ACT Clinic

Undergraduate Program: Hope College, 2005

Doctoral Program: Fuller Graduate School of Psychology (Clinical), 2011

Doctoral Internship: Pacific Clinics, Arroyo FSP, 2010-2011

Postdoctoral Residency: VA Pacific Islands Health Care System, PTSD & SMI, 2011-2012

Areas of Interest: Acceptance and Commitment Therapy

Certifications: VA Acceptance and Commitment Therapy (for Depression) Consultant & Regional Trainer

Orientation: Third Wave CBT

Duman Serrano, Sarah, Ph.D.

Training Roles: Supervisor; GLA Local Evidence-Based Practices and Care in the Community
Psychotherapy Coordinator

Training Activities: Health Psychology: Behavioral Medicine; Primary Care Mental Health Integration

Undergraduate Program: Yale University, 2000

Doctoral Program: USC Clinical Science (Clinical), 2010

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2009-2010

Postdoctoral Residency: Women's Health, UCLA/VA Greater Los Angeles, 2011-2012

Areas of Interest: Health Psychology, Integrative Medicine, Mindfulness, Biofeedback, Psychology in Medical Setting, Evidence-Based Treatments, Women Veterans, Individual and Group Therapy.

Certifications: Board Certified in Biofeedback, iRest Yoga Nidra Level I Teacher, VA CALM Mindfulness Facilitator, VA CALM Self-Compassion Facilitator; Certified VA Acceptance and Commitment Therapy (for Depression) Provider; Certified CBT-Chronic Pain Provider

Orientation: Cognitive Behavioral, Third Wave, Integrative

Farina, Leela, Ph.D.

Training Roles: Supervisor

Training Activities: Trauma Recovery Services

Undergraduate Program: University of Washington, 2012

Doctoral Program: Suffolk University (Clinical), 2020

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2019-2020

Postdoctoral Residency: VA Sepulveda Ambulatory Care Center (Trauma Psychology), 2020-2021

Areas of Interest: Posttraumatic Stress Disorder, Co-occurring Trauma and Substance Use Disorders, Evidence-Based Treatments, Couples and Family Interventions

Orientation: Cognitive-Behavioral, Dialectical, Ecological Systems

Grinberg, Austin, Ph.D.

Training Roles: Supervisor

Training Activities: Primary Care Mental Health Integration; Insomnia Clinic

Undergraduate Program: University of California, Los Angeles, 2009

Doctoral Program: University of Arizona (Clinical), 2017

Doctoral Internship: University of California, San Diego/VA San Diego Healthcare System, 2016-2017

Postdoctoral Residency: Psychosomatic/Behavioral Medicine, University of California, San Diego/VA San Diego Healthcare System, 2017-2018

Areas of Interest: Behavioral Medicine, Psychology in Medical Setting, Chronic Pain, Psycho-Oncology, Behavioral Sleep Medicine

Certifications: VA Cognitive Behavioral Therapy for Insomnia (CBT-I) Provider, VA Co-located Collaborative Care (CCC) Provider

Orientation: Cognitive Behavioral, Integrative

Jakucs, Bobby, Psy.D.

Training Roles: Supervisor

Training Activities: Trauma Recovery Services

Undergraduate Program: Loyola Marymount University, 2008

Doctoral Program: Pepperdine Graduate School of Education and Psychology (Clinical), 2020

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2019-2020

Areas of Interest: Posttraumatic Stress Disorder, Co-occurring Trauma and Substance Use Disorders

Posttraumatic Growth, Resiliency, Evidence-Based Treatments, Spirituality, Existential Approaches to Treatment, Insight-oriented Treatments; Military Culture

Orientation: Eclectic/Integrative

Kaiser, Natalie, Ph.D.

Training Roles: Supervisor

Training Activities: Veteran's Cognitive Assessment & Management Program (V-CAMP)

Undergraduate Program: Pepperdine University, 2004

Doctoral Program: Loma Linda University, 2011

Doctoral Internship: West Los Angeles VA Healthcare Center, Gero track 2010-2011

Postdoctoral Residency: West Los Angeles VA Healthcare Center GRECC Advanced Geriatric Fellowship, 2011-2013

Areas of Interest: Early-onset neurodegenerative conditions; Teleneuropsychology; Health Psychology; health disparities and healthy aging

Certifications: Certified VA Provider Integrative Behavioral Couples Therapy; Certified VA Cognitive Processing Therapy (CPT)

Orientation: Integrative

Kelly, Monica, Ph.D., DBSM

Training Roles: Supervisor, Clinical Research Seminar Co-Facilitator

Training Activities: Insomnia Clinic

Undergraduate Program: University of Arizona, Tucson, 2008

Doctoral Program: University of Arizona, Tucson (Clinical), 2018

Doctoral Internship: VA San Diego Healthcare System, 2017-2018

Postdoctoral Fellowship: Geriatrics/Research, Geriatric Research, Education and Clinical Center (GRECC), VA Greater Los Angeles Healthcare System (VAGLAHS), 2018-2021

Academic Affiliations: Assistant Professor of Medicine, David Geffen School of Medicine, University of California, Los Angeles (UCLA); Research Health Scientist, VAGLAHS GRECC

Areas of Interest: Psychological Treatment of Insomnia, PTSD, Chronic Nightmares and Circadian Rhythm Sleep Disorders, Sleep Apnea, Geriatrics, Health Psychology, Motivational Interviewing

Certifications: Diplomate of the Board of Behavioral Sleep Medicine

Orientation: Cognitive-Behavioral, Integrative (Motivational Interviewing, Acceptance and Commitment Therapy with a focus on case conceptualization)

Klebens-Thomas, Carissa Ph.D.

Training Roles: Supervisor, Diversity Seminar Co-facilitator

Training Activities: Mental Health Clinic

Undergraduate Program: California State University Northridge, 1996

Doctoral Program: University of Missouri, Kansas City, Ph.D. 2007

Doctoral Internship: University of Southern California, Student Counseling Services, 2006-2007

Postdoctoral Residency: Gateways Hospital, 2007-2008

Areas of Interest: Mindfulness, Recovery-Oriented Care, LGBTQIA+, Diversity and Multicultural Issues in Research and Psychotherapy, Evidence-Based Interventions, Crisis Negotiation, Substance Use, Eating Disorders

Certifications: VA Cognitive Processing Therapy (CPT) Provider, VA Cognitive Behavior Therapy for Depression (CBT-D) Provider, VA Cognitive Behavior Therapy for Chronic Pain (CBT-CP) Provider, Interpersonal Psychotherapy for Depression (IPT-D) Provider, VA CALM Mindfulness Facilitator, VA CALM Self-Compassion Facilitator

Orientation: Cognitive Behavioral, Integrative

Kulick, Alexis D., Ph.D., ABPP/CN

Training Roles: Director of Psychology Training, Supervisor

Training Activities: Neuropsychology Clinic

Undergraduate Program: Brandeis University, 1996

Doctoral Program: Bowling Green State University (Clinical), 2001

Doctoral Internship: Southern Louisiana Internship Consortium, 2000-2001

Postdoctoral Residency: Kaiser Permanente, Oakland; Department of Behavioral Medicine, 2001-2002

Areas of Interest: Clinical Neuropsychology; Psychodiagnostic Assessment; Behavioral Medicine/Health Psychology; Pain Management

Certifications: Diplomate in Clinical Neuropsychology

Orientation: Cognitive-Behavioral, Integrative

Lewis, Melissa M., Ph.D.

Training Roles: Supervisor, Coordinator of Psychology Training Seminar

Training Activities: Addictive Behaviors Clinic

Undergraduate Program: University of San Francisco, 2001

Doctoral Program: Saint Louis University (Clinical), 2009

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2008-2009

Postdoctoral Residency: University of California, San Diego/VA San Diego Healthcare System, 2009-2010

Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder; Severe Mental Illness; Psychodiagnostic Assessment; Evidence-Based Interventions

Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Certified Cognitive Behavior Therapy for Substance Use Disorders (CBT-SUD) Provider, Certified VA Social Skills Training (SST) Provider

Orientation: Cognitive Behavioral, Integrative

Lin, Joy Y., Psy.D.

Training Roles: Supervisor; Supervision Seminar Facilitator and Supervision of Supervision Seminar Facilitator

Training Activities: Mental Health Clinic

Undergraduate Program: Columbia College, Columbia University, 1997

Doctoral Program: Pepperdine Graduate School of Education and Psychology (Clinical), 2019

Doctoral Internship: VA West Los Angeles 2018-2019

Postdoctoral Residency: VA Sepulveda Ambulatory Care Center, 2019-2020

Areas of Interest: Diversity and Multicultural Psychology, Integrative Health, Anxiety Disorders, Posttraumatic Stress Disorder, MST, Women's Health, Multicultural Supervision

Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider

Orientation: Multicultural, Integrative, Interpersonal

Martin, Jennifer, Ph.D., FAASM, DBSM

Training Roles: Supervisor, Clinical Research Seminar Facilitator

Training Activities: Insomnia Clinic

Undergraduate Program: University of California, San Diego, 1995

Doctoral Program: San Diego State University/University of California, San Diego Joint Doctoral Program (Clinical), 2002

Doctoral Internship: Brown University, 2001-2002

Postdoctoral Fellowship: Geriatrics, University of California, Los Angeles 2002-2003

Academic Affiliations: Professor of Medicine, David Geffen School of Medicine, University of California, Los Angeles; Faculty, UCLA Multicampus Program in Geriatrics and Gerontology; Faculty; VAGLAHS/UCLA Sleep Medicine Fellowship Program; Research Scientist, VAGLAHS Geriatric Research, Education and Clinical Center; VA OMHSP National Expert Trainer and Subject Matter Expert, Cognitive Behavioral Therapy for Insomnia

Areas of Interest: Psychological Treatment of Insomnia, Chronic Nightmares and Circadian Rhythm Sleep Disorders; Sleep Apnea, Geriatrics; Health Psychology; Motivational Interviewing; Women's Health

Certifications: Certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine, Fellow of the American Academy of Sleep Medicine; Diplomate of the Board of Behavioral Sleep Medicine

Orientation: Cognitive-behavioral (with motivational enhancement, Acceptance and Commitment Therapy and case conceptualization)

Revolorio, Kaddy, Psy.D.

Training Roles: Supervisor, Supervision of Supervision Seminar Facilitator

Training Activities: Primary Care Mental Health Integration (PCMHI), Insomnia Clinic, Health Psychology: Behavioral Medicine

Undergraduate Program: University of California, Los Angeles, 2010

Doctoral Program: Pepperdine University (Clinical), 2017

Doctoral Internship: Southern Arizona VA Health Care System, 2016-2017

Postdoctoral Residency: VA Sepulveda Ambulatory Care Center, PCMHI/B-Med, 2017-2018

Areas of Interest: Behavioral Medicine/Health Psychology, Evidence-Based Practices, Sleep Disorders, Mindfulness, Individual and Group Therapy
Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Certified VA Cognitive Behavioral Therapy for Insomnia (CBT-I) Provider, VA Co-located Collaborative Care (CCC) Provider
Orientation: Cognitive-Behavioral, Third Wave, Integrative

Robbins, Ruth Ph.D.

Training Roles: Supervisor
Training Activities: Health Psychology: Geriatrics
Undergraduate Program: Elon University, 2012
Doctoral Program: University of Arizona (Clinical), 2018
Doctoral Internship: VA Greater Los Angeles Healthcare System, 2017-2018
Postdoctoral Residency: VA Sepulveda Ambulatory Care Center, 2018-2019
Areas of Interest: Geropsychology, Home Based Primary Care, Dementia, Caregiver Stress, Behavioral Medicine, Psychology in Medical Setting, Behavioral Sleep Medicine, Evidence-Based Treatments, Individual and Group Therapy.
Certifications: VA Cognitive Behavioral Therapy for Insomnia (CBT-I) Provider
Orientation: Third Wave, Cognitive Behavioral, Integrative

Rosales, Grace Ph.D.

Training Roles: Supervisor, Diversity Seminar Co-Facilitator
Training Activities: Women's Health Clinic
Undergraduate Program: California State Los Angeles, 1994
Doctoral Program: University of Massachusetts Boston (Clinical), 2004
Doctoral Internship: VA West Los Angeles, 2003-2004
Postdoctoral Residency: Didi Hirsch Community Mental Health
Academic Affiliations: Clinical Assistant Professor, UCLA
Areas of Interest: Women's Health, Posttraumatic Stress Disorder, LGBTQ, Immigrant Mental Health, Cross Cultural Psychology, Substance Use Disorders.
Certification: VA Cognitive Processing Therapy (CPT) Provider
Orientation: Interpersonal

Rosenbluth, Susan C., Ph.D.

Training Roles: Director, Psychology Research Training
Training Activities: Developing and coordinating elective research training for GLA post-doctoral residents
Undergraduate Program: State University of New York at Buffalo, 1974
Doctoral Program: Derner Institute at Adelphi University (Clinical), 1992
Doctoral Internship: Rusk Rehabilitation Institute at New York University, 1991-1992
Areas of Interest: Personality/Identity Development, Friendships and Intimate Relationships, Multi-disciplinary team based training and clinical care
Orientation: Psychodynamic, Interpersonal

Spangler, Shana, Psy.D.

Training Roles: Supervisor; Deputy Chief, Mental Health, GLA

Training Activities: Trauma Recovery Services

Undergraduate Program: University of California, Los Angeles, 1998

Doctoral Program: Pepperdine University (Clinical), 2009

Doctoral Internship: W.G. “Bill” Hefner VA Medical Center, Salisbury, NC, 2008-2009

Postdoctoral Residency: University of California, San Francisco/VA San Francisco, PTSD/Substance Use, 2009-2010

Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA

Areas of Interest: Posttraumatic Stress Disorder, Sleep Disorders, Substance Use, Evidence-Based Interventions.

Certifications: Certified VA Cognitive Processing Therapy (CPT), Interpersonal Psychotherapy (IPT), Motivational Interviewing (MI), and Prolonged Exposure (PE); Board Certified in Biofeedback (BCB)

Orientation: Cognitive-behavioral, Integrative

Zvinyatskovskiy, Aleksey, Ph.D.

Training Roles: Supervisor, MHC Section Chief, SACC

Training Activities: MHC

Undergraduate Program: University of California, Berkeley, 2007

Doctoral Program: University of California, Los Angeles (Clinical), 2015

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2014-2015

Areas of Interest: Primary Care Psychology, Evidence-Based Practice, Mindfulness, Sleep Disorders, Acceptance and Commitment Therapy, Biofeedback, Posttraumatic Stress Disorder, Substance Abuse, Individual and Group Psychotherapy

Certifications: Certified VA Problem Solving Therapy for Primary Care, VA Acceptance and Commitment Therapy (for Depression), VA Co-located Collaborative Care (CCC) Provider

Orientation: ACT, integrative, psychodynamic

Photos – SACC Staff



**DIRECTIONS TO THE SEPULVEDA VA
16111 Plummer Street
North Hills, CA 91343**

Driving Directions

From West LA

405 North to Nordhoff.
Left onto Nordhoff
Right onto Haskell
Left onto Plummer
Entrance to the Medical Center is on the right

From Ventura

101 South to the 405 North
Exit at Nordhoff
Left on Nordhoff
Right on Haskell
Left onto Plummer
Entrance to the Medical Center is on the right

From Bakersfield

Take the 99 or I-5 south to the I-5 to the 405 South
Exit at Devonshire
Right on Devonshire
Left on Haskell
Right on Plummer
Entrance to the Medical Center is on your right

From Palmdale/Lancaster

Take the 14 Freeway south to the I-5 to the 405 South
Exit at Devonshire
Left on Haskell
Right on Plummer
Entrance to the Medical Center is on the right

